4 /4

ZONE LABS

| | | | _ |
|--------------------------------|------------------|-----------|---|
| Please type a plus sign (+) ir | nside this box - | ▶ | + |

PTO/SB/81 (10-00)

09-12-2003

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | | |
|------------------------|-------------|--|
| Filing Date | · · · · | |
| First Named Inventor | Freund | |
| Group Art Unit | Unassigned | |
| Examiner Name | Unassigned | |
| Attorney Docket Number | VIV/0011.01 | |

| I hereby appoint: | | | | 1 | | |
|--|---|----------------------------|-------------------------------|---------------|--|--|
| X Practitioners | at Customer Number 28 | 553 | Place Customer Number Bar Cod | ie. | | |
| OR | <u> </u> | | Label here | • | | |
| ☐ Practitioner(s | s) named below: | | | | | |
| | Name Registration Number | | | | | |
| John A. | Smart | nart 34,929 | | | | |
| | | | | _ | | |
| | | | | _ | | |
| <u> </u> | · · · · · · · · · · · · · · · · · · · | | *** | J | | |
| as mv/our attornev | (s) or agent(s) to prosecute the appli | cation identified a | bove, and to transact all | | | |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. | | | | | | |
| | | | | | | |
| Please change the | correspondence address for the above | e-identified appli | cation to: | | | |
| | ntioned Customer Number. | o idominio appii | | | | |
| OR | | | | | | |
| Firm or Individual Name | John A. Smart | John A. Smart | | | | |
| Address | | | **- | | | |
| Address | 708 Blossom Hill Rd., #20 | 708 Blossom Hill Rd., #201 | | | | |
| City | Los Gatos | State CA | State CA Zip 95032-3503 | | | |
| Country | U.S.A. | | | | | |
| Telephone | (408) 884-1507 | Fax (408 | Fax (408) 490-2853 | | | |
| I am the: X Applicant/Inventor. | | | | | | |
| ☐ Assisses of | annual of the autius interest. Day 07.4 | DED 0.74 | | i | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | |
| | SIGNATURE of Applicant or | Assignee of Reco | d | | | |
| Name Gr | gor P. Freund | | | | | |
| Signature | | | | | | |
| Date | tember 10, 2003 | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | |
| ★Total of1 forms are submitted. | | | | | | |
| | <u> </u> | | | | | |